CALIFORNIA BROKER

VOLUME 38, NUMBER 12 SERVING CALIFORNIA'S LIFE/HEALTH PROFESSIONALS FINANCIAL PLANNERS SEPTEMBER 2020

Marketing Medicare to Multicultural Markets

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Note: Covered California is modifying the Agency Agreement to incorporate this bonus incentive program. Such modification will occur earlier than the 45-day notice period required in Section A(2)(a) of Exhibit B in the Agency Agreement. By accepting this notice, you agree that Covered California may modify the Agency Agreement on or before July 1, 2020, to implement the incentive program outlined in this notice. This is a benefit providing Agents with more incentive opportunities. However, if you do not agree with this effective date, please contact us immediately. Once the Covered California implements the incentive program, the official rules will be made part of the Agency Agreement and will be found at: *http://www.coveredca.com/agents/PDFs/Agent-commission-schedule.pdf*

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SEPTEMBER 2020

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Editor's note: Cal Broker is honored to publish this open letter from insurance industry vet Tony Lee. The views expressed in the letter are Mr. Lee's. We're always happy to hear what you think. Please drop us a line: editor@calbrokermag.com.

RACE AND OUR PROFESSION

AN OPEN LETTER

BY TONY LEE

Dear White Colleagues,

I write this letter to you not in anger but with love. I write it to contextualize and to help you understand that our society is going through a structural change that will impact the wonderful industry we love so much. Things will never be like they were before.

Growing up in Berkeley and Oakland in the early 70's; being on government assistance as a child; attending Black Panther food drives; having a mother who is currently a progressive member of Congress and being the former CEO of the largest African American insurance agency in the nation, "Diversity and Inclusion" was not a foreign concept to me. The notion that we should have a diverse and inclusive society are ideas I grew up with. For 20 years I have been fighting—yelling, screaming, stomping my feet—for our industry to do better and not give lip service to the ideas of diversity and inclusiveness.

White colleagues, I'm angry when I google "top Black insurance executives" and my name appears first or second because I received the 2019 National African American Insurance Association Leadership award. I'm angry because I know the five or six Black insurance broker c-suite executives. The ones I don't know can be counted on one hand.

The sociopolitical place we see ourselves has taken over the national dialogue. I have had many uncomfortable conversations with White colleagues around the country, small one-man shops to large multinational publicly traded brokerage firms. Conversations begin something like this: "You doing okay, anything I can do?" My response has been that I am not okay, and you must realize this national conversation did not happen in a vacuum. These issues need to be put into context and you must understand that it is woven into the history of our nation.

White colleagues, these issues are real. I should not have to explain that having an African American president did not cure economic injustice, it did not wipe away the economic impact of slavery and why we find ourselves here today.

Our brokerage/consulting family has come up woefully short in three key areas:

- Diversity of staffing
- Diversity of C-Suite leadership
- Inclusiveness of Minority Business Enterprise in the supply chain

Marsh published a report in September 2018 entitled, "The Journey of African American Insurance Professionals". Even though African Americans have been involved in the insurance industry since the "late 17th century" with as "many as 42 large, Black owned insurance companies" existing in the 1920's, the modern insurance industry has come up woefully short. Marsh states:

"It is generally acknowledged that there is a significant deficiency throughout the insurance industry in African American leadership and other levels of employment. As the demographics of the U.S. change, becoming more diverse in terms of race, ethnicity, socioeconomics, age, and gender, the insurance industry's executive and management ranks—from insurers to agencies and beyond—are not reflective of those emerging trends."

Society is more diverse yet the industry we love is not. The insurance

If brokerage firms choose to not make diversity of staffing a priority in their recruiting and hiring practices, diversity of leadership and management will never have the potential to grow and thrive.

brokerage industry must look at staffing in a more holistic and societal lens. Unconscious bias is prevalent and bleeds into hiring practices. Educating our HR professionals and recruiters to recognize inherent bias allows us to begin to realize a broader tent in terms of what our workplace will look like.

If brokerage firms choose to not make diversity of staffing a priority in their recruiting and hiring practices, diversity of leadership and management will never have the potential to grow and thrive.

Our industry suffers this inertia. We have seen progress with carriers, including recently deceased Bernard Tyson, former CEO of Kaiser, Ron Williams, former CEO of Aetna and top executive at WellPoint and current CEO of Kaiser, Gregory Adams. All are trailblazers, who have made an impact in their organizations.

Our brokerage community has very few c-suite representations, and fewer leadership roles, especially in the large multi-national firms.

This brings me to my last point. Once we have a diverse staff, a diverse and inclusive c-suite we must look at those minority, woman, and veteran owned businesses. Engaging these firms, whether on a mentor basis or a supplier basis, is not only good business, but has economic impact far beyond our four walls. These companies will hire women, minorities and veterans and can provide goods and services which allows them to participate in your enterprise economy. These businesses spend for our services. Some firms see the value and make great investments into Diversity and Inclusion. For over 10 years, Aon CEO Greg Case and his team led by Shelly Brown of Aon Diversity Solutions, have done extraordinary work in this area. Our industry should see the Aon model as an example of how to engage diverse business services.

Our open minded (and humble) Alera CEO Alan Levitz and I have had several pointed conversations. As uncomfortable as these conversations have been, it is a start inside my organization. Before the current social unrest, a group of women pointed out our leadership team lacked diversity of gender and ethnicity. Alan and team acknowledged this and put into place a working group. We were not going to solve the racial problems of the world (even our internal world). We needed an honest conversation about who we are as a company and who we really wanted to be. Brave women were willing to go to our CEO and point out this deficiency. Will things change? Will things be different? Will we be having this same conversation next year? I have no idea. I do know that the work by Mr. Levitz and his executive team allowed our organization to be semi-prepared when our world blew up.

White colleagues, we manage risk every day. We protect and insure our communities every day. Open this tent, see the goodness and the value of engaging people that represent our great nation and society.

White colleagues, we manage risk every day. We protect and insure our communities every day. Open this tent, see the goodness and the value of engaging people that represent our great nation and society. Forward together and with love.

Tony Lee, Managing Partner
Dickerson Insurance Services,
An Alera Group Company

SCAN Embraces AI and Machine Learning

SCAN Health Plan announced its embracing artificial intelligence (AI). The company launched the first phase AI-based predictive models designed to improve health outcomes and better inform benefit and service design. The company says this implementation will improve SCAN's ability to identify high-needs members and provide tailored interventions to help avoid or reduce hospitalizations. As a part of the first phase implementation, SCAN and KenSci, a system of intelligence for healthcare, have launched explainable AI models for healthcare, enabling SCAN to identify members at risk of Hospitalization for Potentially Preventable Hospitalization Complications (HPC) as well as those eligible for Nursing Facility Level of Care (NFLOC). The platform provides SCAN with insights, helping the company identify members potentially at risk for specific disease states and prompting earlier interventions. In addition, SCAN is using machine learning (ML) techniques that are routine in other sectors but new to healthcare in helping to identify gaps in care to improve the management of chronic conditions.

Cal Dental Assn. and ADA Say Get Your Teeth Cleaned

The California Dental Association and American Dental Association want you to know that they believe it's safe and desirable to get routine dental care now. The organizations released a statement of disagreement against the World Health Organization's Aug. 3 guidance advising that routine non-essential oral health care, including oral health check-ups, dental cleanings and preventive care, be delayed. The WHO provides guidance worldwide, and its recent document "Considerations for the provision of essential oral health services in the context of COVID-19" is not specific to California, says our state's dentists. Guidance from the Centers for Disease Control and Prevention, California Department of Public Health and CDA Practice Support provide resources and tools to help dental teams practice safely during the pandemic. Based on federal, state and local guidance, dental practices in California are open to provide routine and preventive care.

Telemedicine Takes a Seat at the Inc. Table

COVID-19 has helped usher in a new form of healthcare. And now MyTelemedicine, a telehealth and virtual care company, has a ranking to prove it. The company announced it has ranked No. 1112 on the annual Inc. 5000 list, the most prestigious ranking of the nation's fastest-growing private companies.

Anthem Launches Voluntary Virtual Support Tools

Anthem Blue Cross announced it has launched Voluntary Virtual support tools to help employers and brokers customize and coordinate enrollment in Voluntary products, as many employees work remotely with limited face-to-face meetings. This innovative, comprehensive approach makes it easier for employees to make smart healthcare decisions and allows greater flexibility for employers.

With Anthem Voluntary Virtual Support Tools employees can:

- Attend customized online meetings about Voluntary benefits selections, available on any internet-connected device
- Review their Voluntary benefit options and compare plans side-by-side via the Online Enrollment Portal; and participate in live virtual group meetings that can be recorded or access simple and dynamic presentations with pre-recorded audio.

Employers and brokers will also have access to a team of Voluntary Solutions Consultants, who can customize enrollment strategies for each company, making it even easier to enroll employees in Voluntary benefits. The Voluntary Solutions Consultants will also be available to meet face-to-face with employers when in-person meetings are able to resume.

Looking for Katz's Business Planning Advice?

The magazine was jam-packed this month so we put Alan Katz's "Business Planning Part 2" online. In fact, you can find Part 1 and Part 2 at www.calbrokermag.com. Just search KATZ in the browser.

NAIC Announces Special Committee on Race

The National Association of Insurance Commissioners (NAIC) Executive Committee announced the formation of a special committee focused on Race and Insurance. The special committee will be co-chaired by Ray Farmer, NAIC president and director of the South Carolina Department of Insurance, and David Altmaier, NAIC president-elect and commissioner of the Florida Office of Insurance Regulation. Dean Cameron, NAIC vice president and director of the Idaho Department of Insurance, and Chlora Lindley-Myers, NAIC secretary-treasurer and director of the Missouri Department of Commerce and Insurance will serve as co-vice chairs for the committee. In addition to the formation of the committee, the NAIC will hold a special session on Race and Insurance during its Summer National Meeting. NAIC says information obtained from discussions and topics addressed during the session will support the committee with its near and long-term objectives.

Sterling Offers Free Medical Bill Negotiation Service for HSA Accountholders

By Cora Tellez, CEO and Founder of Sterling Administration

Many Americans who are facing challenging financial times can't afford additional medical expenses. But failing to make payments on medical bills can damage their credit rating. Knowing that, Sterling Administration is working to further serve accountholders by providing free medical negotiation services for all Health Saving Account (HSA) participants. This is a service Sterling has offered since the company's founding in 2004, but it has a renewed relevance in the challenging economic times tied to the COVID-19 pandemic.

The process is simple. We ask that our HSA accountholders reach out to us and let us know about their situation. We then work as a liaison on our accountholder's behalf with their medical providers. We negotiate monthly payments that align with their HSA contributions with the goal that they won't have to make additional payments. Below are some examples.

Real world challenges

One of our accountholders was a school teacher who couldn't meet the payments faced with a high deductible health plan (HDHP). She contacted us while she was nine months pregnant asking for help. With her permission, we contacted her OBGYN, pediatrician, hospital, etc. and negotiate payment plans with each provider. We paid every one of her bills on time out of her HSA account until the bills were all accounted for.

Another client is a maintenance worker. He had an unexpected medical event, and didn't have the funds to pay for the deductible. This understandably became a major stress factor and affected his work. He turned to us, and we negotiated a payment plan with his hospital and physician, putting an end to his fear of a potential downgraded credit rating.

Use of HSAs in a post-COVID-19 world

In the past several months, we've seen a lot of changes around HSAs. In March, the IRS issued Notice 2020-15, which allows HDHPs to cover testing and treatment for COVID-19 without a deductible. Happily, coronavirus testing and treatment are now considered qualified medical expenses under an a HDHP, and people can use HSA funds to pay for it.

The notice also applies to HDHPs that would otherwise be disqualified under IRS section 223(c)(2)(A). For many, this provides additional health benefits covering COVID-19 testing and treatment.

As a follow-up to IRS Notice 2020-18, the IRS confirmed that accountholders could've made contributions to HSAs in the 2019 plan year up to the new filing deadline of July 15, 2020. The IRS states that contributions to an HSA may be made at any time during the year or by the due date for filing that year's tax returns. This rule applied to the new federal income tax filing deadline for 2020, which the IRS extended in response to the COVID-19 crisis.

The CARES Act expanded HSAs even more. The CARES Act states that consumers can purchase OTC drugs and medicines with funds from their health savings account (HSA), flexible spending accounts (FSA) or health reimbursement arrangement (HRA). Consumers may also receive reimbursement for OTC purchases through those accounts. In addition, menstrual products are now considered a qualified medical expense, meaning consumers can pay for or be reimbursed for these products through an HSA, FSA or HRA. This provision is effective for purchases made after December 31, 2019.

For more info, go to sterlingadministration.com.

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NAIFA-Los Angeles
Virtual, September 25

Health Forum info and registration naifala.org

IICF Foundation Women in Insurance Regional Forums
Beyond Gender: Inclusion, Leadership and Innovation (Rescheduled)

Insurance Industry Charitable Foundation (IICF) Forums - More info at IICF.org
Chicago: October 14, New York: October 26, Los Angeles: October 30, Dallas: November 17

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Enrolling Californians in Coverage in the Midst of the COVID-19 Pandemic

BY PETER V. LEE

With a global pandemic continuing to spread across our state, and millions of Californians impacted by the recession the virus triggered, the upcoming open-enrollment period for the 2021 year will be more important than ever before. In many ways, the Affordable Care Act (ACA)—and the financial help and safety net it provides consumers—was made for moments like the one we have been experiencing over the past few months.

Millions of Californians have experienced a reduction in their income, or a job-loss, often accompanied by losing their employer-based health insurance. Most of them, however, do not need to go without coverage and can get either Medi-Cal or subsidized coverage through Covered California. Covered California will be focusing on three things to attract new consumers and retain current members when it begins the renewal and open-enrollment period in just a few months.

First, we begin with the overall cost of coverage. Thanks to California's commitment to build on and strengthen the ACA, Covered California was able to announce last month that the weighted average rate change in the state's individual market for the 2021 coverage year will be 0.6%. This follows last year's rate change of 0.8%, marking a record-low for the second consecutive year. The rates for these past two years were driven by California reinstituting the penalty for not having coverage and adding new state subsidies to supplement the financial help from the ACA. These policies have resulted in a big increase in enrollment leading to healthier risk pool and lower costs. For consumers, many will see little to no change in their gross premiums.

Consumers both on and off the exchange will also benefit from Covered California's competitive marketplace, which allows them to shop for the best value and save money if they switch plans. The average rate change for unsubsidized consumers who shop and switch to the lowest-cost plan in the same metal tier will be -7.3%, which means Californians may be able to get a lower gross premium than they have now if they shop and switch.

Once again, shopping for the best deal will be important for consumers, because as the carriers become more competitive on pricing. The cost of the second-lowest Silver plan decreases, so consumers may find that the amount of their financial help is lowered.

Secondly, Covered California made the commitment earlier this year to respond to the pandemic by increasing our already substantial investments in marketing and outreach. We have budgeted more than $157 million to marketing, sales and outreach to reach into every corner of the state so consumers know that people who are financially insecure do not need to be health care insecure.

Finally, consumers will have even more choices next year as two carriers will expand their coverage areas. Anthem Blue Cross will be returning to Imperial, Inyo, Kern, Mono and Orange counties, and Oscar Health Insurance will begin offering coverage in San Mateo County. As a result, virtually all Californians (99.8%) will have two or more choices in 2021 and about four out of five (77%) will have four or more choices.

The financial help that we offer, through both federal and state subsidies, helps cover nearly 80% of the premium for consumers who earn between 200 and 400% of the federal poverty level. While their gross premium is near $600, the average subsidized consumers pays $130 for quality coverage through name-brand plans.

We recognize that these are very difficult times for Californians. The pandemic and the recession we now face are challenges that are putting our state, the ACA, and each of us as individuals to the test like never before. Covered California relies on and works closely with the thousands of the certified insurance agents across the state. These professionals are truly on the front lines of helping Californians get and keep the coverage they need.

As California continues to demonstrate what can be done when you work together, we look forward to continuing our partnership with insurance agents and other enrollers in every community. We want to build on our work of getting as many people covered as possible by encouraging enrollment and providing additional financial help to give more consumers a pathway to coverage.

Peter V. Lee is executive director of Covered California.

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Marketing Medicare to Multicultural Markets: Take Advantage of the Abundant Marketing Opportunities

BY JAMES JUN

It's no secret that the multicultural Medicare market is one of the fastest growing sectors of the Medicare market in Southern California. Demographics of Asians, Hispanics and other ethnic minority groups in Southern California will continue to grow faster than the overall general population. Many major carriers, including UnitedHealthcare, Humana, Anthem Blue Cross and Wellcare have put many more resources behind their multicultural efforts in recent years, not to mention many smaller carriers that traditionally have focused in the multicultural markets.

Perhaps the Ontario airport having direct flights to China (although temporarily halted due to the Coronavirus epidemic) and Democrats winning in key races in Orange County where Republicans have traditionally have dominated are evidence of demographic changes that could significantly impact Medicare marketing in Southern California in the coming years.

Also, it is important to note that the baby boomer generation has only started to retire in the Asian markets. This is due to the Korean War and Chinese Civil War ending many years after World War II, compared to American baby boomers being born starting right after World War II. For example, baby boomers in America were born from 1946 through 1964, whereas in Korea baby boomers were born from 1955 through 1963. This means the baby boomer generation born in Korea are just starting to turn 65 this year!

Characteristics of multicultural markets

In Southern California, there are many medical groups focusing on minority populations: Allied Pacific IPA in the Chinese market, Seoul Medical Group in the Korean market, Family Choice IPA in the Vietnamese market, to just name a few. These medical groups target language dependent senior populations. Some major medical groups have even formed affinity networks to address the multi-cultural population. Furthermore, many smaller carriers have traditionally targeted the minority population and have experienced some success, although many have weaker financials and lower overall star ratings.

Many smaller, ethnic agencies target these multi-cultural demographics, serving seniors in their native languages, bridging the gap of lack of information in the minority markets. To further complicate the issue, more Medi-Medi's (dual eligibles) tend to be in the minority groups in Southern California, with generally less satisfaction with their healthcare outcome.

Due to language barriers, minority seniors will mostly enroll in ethnic medical groups, thus having access to in-language primary physicians and specialists. My agents and I have seen many seniors willing to travel 50 plus miles to see a doctor in their native tongue. Although these ethnic medical groups are much smaller than those in the mainstream, speaking in their own language becomes a key issue in selecting a doctor and/or medical group for seniors.

Marketing in multicultural markets

To serve the multi-cultural sector, in-language support of seniors by medical groups, carriers and agents is a must. Print materials, including benefit highlights, enrollment kits, information booklets and advertising flyers are some of the efforts already published by many of the carriers targeting the multicultural market.

Since many minority seniors tend to live within their ethnic groups, congregate near their community centers, churches and senior apartments, agents tend to conduct seminars in seniors' native languages in these lo-

cations. I think we do more seminars per 1,000 seniors than mainstream. We once held a seminar at an Asian Resource Center and we had one lady show up from 50 miles out.

Like any other minority community, there are fewer experts with knowledge of the minority community. Pretty much most of the information is dispersed one step after the mainstream market. So, many seniors rely on their doctors, friends and church/religious center acquaintances for information. Getting the message through these seniors would require more "viral" marketing efforts to educate doctors, church leaders and community leaders. Educating agents is also critical as they are the sales force that directly face the seniors on a day-to-day basis. Due to the language barrier, minority agents require more training and direction.

Traditional marketing can be tweaked to target ethnic supermarkets and ethnic pharmacies, instead of targeting Ralph's and Walgreens in the mainstream market.

Branding is as important as in any other markets because seniors all discuss plans with each other and name recognition becomes critical as one of the decision drivers. For example, one major carrier, Anthem Blue Cross, literally translates to "Blue Number 10" in Chinese with "10" written in the shape of a cross. The shape of a cross means 10 in Chinese characters. Anthem enjoys prominent brand recognition in the Chinese market because of this.

Throughout the year, cultural event participation is important. For the Vietnamese market, the Vietnamese New Year celebration (Tet Festival), is a major holiday in Vietnam. Many Vietnamese Americans celebrate this as well in Little Saigon. In the Chinese market, Chinese lunar calendar New Year in February, and the Full Moon Harvest Festival in the Fall are the two major days of celebration observed by many of its seniors. In line with cultural sensitivity, red and gold colors should be used in print materials since they are known to bring good luck in the culture.

In the Korean market, the Korean American Festival in Koreatown attracts a huge number of Korean seniors each year, in addition to two big Korean Health Fairs hosted by two major hospitals around Koreatown.

Also, in general, I found Asian seniors to be one step behind mainstream Americans in terms of being technology savvy. These seniors still prefer paper applications over online enrollments, although the coronavirus pandemic could change this. Remote enrollments will speed up after things normalize after the pandemic is over. Currently, it remains to be seen how the aftermath will play out and exactly what kind of changes we must deal with. Having said that, traditional paper applications are still more prevalent in the Asian senior community. Facebook and Internet ads are just starting in the Asian markets. We've been doing traditional newspaper and radio ads with decent results in the last seven years.

Embrace the opportunity

Any carrier, medical group or agency that plans to grow in Southern California must pay attention to the multicultural market as it presents a great growth opportunity.

James Jun is the director of Reversus Insurance Solutions, one of the largest multicultural Medicare insurance agencies in Southern California, managing over 520 Medicare insurance agents. His work experience includes managing the multicultural sector for UnitedHealthcare and managing agents at Farmers Insurance. He holds an MBA degree from USC. He can be reached at (213) 718-5656 or james@reversusins.com.

LIFE SETTLEMENTS AND REAL ESTATE MORE SIMILAR THAN YOU THINK

BY LISA REHBURG

Does your house always fit your needs during your entire lifetime? Sometimes, yes, but most of the time, no. Perhaps over your lifetime, your house may become too small or too big, too far away from family, too far away from the office, etc. When your house no longer suits your needs, you sell it, right? In a similar fashion, the same can be true of a life insurance policy.

Over time, our life insurance needs may change, making policies no longer needed, wanted or affordable. Maybe a spouse has passed away, the house is now paid off, a business or key asset has been sold, a term policy may be coming to the end of the term, or a policy that was purchased decades ago no longer has enough cash in it to sustain the premiums. These are some common reasons why clients may not need their policies. The Insurance Studies Institute estimates that 500,000 seniors a year lapse their life insurance policies, leaving over $100 billion in benefits behind. But, there is another option to lapsing or surrendering a life insurance policy—a life insurance settlement.

Real estate transactions and life insurance settlements sound so different, don't they? But they are really quite similar. Here's how…life insurance policies and real estate both:

1) are assets: Everyone understands their house is an asset, but a life insurance policy? Yes. In 1911, a Supreme Court decision, Grigsby v. Russell, defined a life insurance policy as an asset. Justice Oliver Wendell Holmes said in his statement of decision, "it is desirable to give to life policies the ordinary characteristics of property…to deny the right to sell except to persons having such an interest is to diminish appreciable the value of the contract in the owner's hands". The result? A life insurance policy can be transferred to anyone the owner wishes, just like a client can transfer their home to whomever they wish.

2) can be sold: Because a life insurance policy is deemed an asset that can be transferred to whomever a client wishes, it can be sold, just like a house. The process of selling a life insurance policy is called a life insurance settlement, or a life settlement for short. A life settlement is simply the sale of a client's life insurance policy to a third party, usually an investor group. The client receives a lump sum of cash today. In exchange, the buyer becomes the new owner of the policy, the new payor of the premium, and collects the death benefit when the client passes away. Like a buyer of a house purchases the house that fits their needs, so investors purchase policies that fit their needs, to increase the performance of their portfolios and to diversify their holdings from market fluctuations.

3) have a fair market value: When you want to sell your house, do you call your mortgage company and ask them what they will give you for it? Of course not. In a similar

This article's goal is to demystify life settlements by drawing similarities to a market with which you and your client are already familiar: real estate.

way, when a client calls their insurance company to surrender a policy, that is essentially what they are doing. But, your home has a fair market value in the marketplace, and so does a life insurance policy. Studies show that selling a life insurance policy through a life settlement can generate 3 to 5 times the cash surrender value of the policy. Even term policies can be sold.

4) can be marketed directly or through a broker: When you sell your house, you have the option of marketing your home to buyers directly, or using a real estate agent. When you market your own home, you do save commission, but you have to do all of the work, and, more importantly, how do you know if the offer received is the best one in the market? The vast majority of people enlist an experienced real estate agent who knows the marketplace, how to present a home in the best fashion, and how to market the home to obtain the best value. In exchange for these services, a real estate agent usually realizes a commission when the home is sold. The same is true of life settlements. Clients always have the option of going directly to investor groups, to avoid commission. But, how do clients know if they received a fair offer for their policy? Investors, understandably, are trying to obtain a policy for the least amount of capital expended. A life settlements broker is very similar to a real estate agent in that they represent the client, know the market, know all the different investor groups, the types of policies investors are looking for, and can market the policy to many investor groups to obtain the best value for the client's policy. A commission is paid only when the policy is sold.

5) have similar sales time frames: from engaging a real estate agent to the close of the sale when the client receives their funds, is usually a multiple month process. Similarly, from the time a life settlement application is received, to the time the client receives their funds, the time frame is usually 3 to 5 months, in order to properly obtain information and market the policy.

6) go into escrow: escrow is opened in both life settlements and real estate once an offer is received and accepted. In both instances, escrow protects the client during the process of changing ownership.

7) have consumer protections: like real estate, there are state-mandated disclosures that clients must sign, to make sure clients understand all aspects of life settlements. The transaction is very transparent, including the sign-off of all beneficiaries and commission disclosure. The investor groups themselves go through an extensive registration process with each state in which they do business and many states require they post bonds. Many states also mandate that investors annually file the details of the policies that have been purchased. Life settlement brokers also need special licensing.

This article's goal is to demystify life settlements by drawing similarities to a market with which you and your client are already familiar: real estate. Hopefully, this makes it easier to explain the process to your clients, when a life insurance settlement is the right option for them.

To be clear, not all life insurance policies can be sold, but if you and your client have looked at all alternatives, and the decision has been made to lapse or surrender a policy, a life insurance settlement can be of greater value for both you and your client. Life settlements create "found money" for the client from an asset they didn't know they had, and create a revenue opportunity for you, their broker.

Lisa Rehburg is president of Rehburg Life Insurance Settlements, a life settlements broker. Rehburg is energized by helping brokers and their clients benefit from unwanted, unneeded or unaffordable life insurance policies. By having access to many investor groups, Rehburg Life Insurance Settlements can place more policies and maximize the return for clients' policies. Rehburg has been working with brokers in the health and life insurance industries for over 30 years. She can be reached at (714) 349-7981, lrehburg@aol.com or www.rehburglifesettlements.com.

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Craig Ohlsen

Joe Stefano

TWO DENTAL PROVIDERS WEIGH IN

COMPILED BY THORA MADDEN

California Broker's annual dental survey is a little lighter than most years, probably due to insurer's dealing with COVID-19-related issues. Nonetheless, we've soldiered on—and so has Blue Shield and Guardian Life.

1. What types of plans do you offer?

Craig Ohlsen, Specialty Sales manager, Employer Markets, Blue Shield of California:

Blue Shield provides a wide range of affordable and comprehensive dental products to meet our clients' needs. Our dental PPO and HMO plans offer members a wide variety of plan designs and networks to fit their budget.

For individuals and families, we offer a unique dental PPO plan with member copayments instead of the usual coinsurance percentages. Our dental HMO plan offers comprehensive benefits with predetermined member copayments. Finally, our Duo plan offers members dental and vision coverage at a single price. Our plans can be sold with medical plans or on a stand-alone basis.

For senior members, we offer two comprehensive dental PPO plans for Medicare supplement plan members. There is also a dental plus vision plan package option for Medicare Supplement plan members.

For groups, some of our dental PPO and HMO plans are available on a contributory or voluntary basis. Most can be sold with or without Blue Shield medical plans, and they are either based on Usual, Customary, and Reasonable fees or reimbursements that are capped by the Maximum Allowable Charge.

Joe Stefano, Divisional VP, Western Division, The Guardian Life Insurance Company of America:

Guardian offers an array of plan types and options to meet the needs of employers and employees; and individuals and families. Employer plans can be customized according to needs and price points. Dental PPO, Managed Dental Care (Prepaid/DHMO), Indemnity, Dual and Triple Choice, Monthly Switch (between a DHMO and PPO), and Administrative Services Only Plans can be offered as voluntary, contributory, or on an employer-sponsored basis. Individuals/Families can buy a PPO plan direct from guardiandirect.com. Additionally, Guardian offers family and individual PPO and DHMO plans through its subsidiaries, Premier Access and Access Dental, on the Covered California exchange.

2. How do plans you offer for the individual and/or small group compare in rates and benefits to the large-group plans?

Ohlsen, Blue Shield:

There are different underwriting considerations for each business segment. Our ability to customize offerings for groups with more than 300 employees typically results in lower rates and more choices to meet the employer's needs.

Group PPO plans come in a wide range of deductibles and annual benefit maximums.

Our individual, family, and Medicare Supplement dental PPO plans may vary in waiting periods, deductibles, and annual benefit maximums based on the plan selection.

Continued on page 26

CONTACTS:

Blue Shield:
Brokers who currently work with Blue Shield of California should contact their Blue Shield representative.

Guardian:
Southern California Regional Director Mike Reeves, Michael_Reeves@glic.com 614-516-4019

Northern California Regional Director Richard Porterfield richard_porterfield@glic.com 415-490-4433


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Case Example

Death Benefit:	**$3,800,000**
Policy Type:	**Universal Life**
Insured:	**Male, age 77**
Cash Value:	**$0**

The grantor established an ILIT to purchase a policy to offset the grantor's estate tax liability. When the tax laws changed and the estate tax exemption was increased, the policy became unnecessary. Rather than lapsing the policy, the grantor and his family turned to Coventry.

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> ***Our ability to customize offerings for groups with more than 300 employees typically results in lower rates and more choices to meet the employer's needs.***
>
> ***Craig Ohlsen, Blue Shield***

Continued from page 22

All dental plans include generous benefits, competitive premiums, and strong California and national provider networks that are available to all members. We do not differentiate our provider network for small groups or Individual and Family Plan (IFP) markets.

Stefano, Guardian:

Individuals and small group employers can choose from nearly similar plans as large groups with cost-reducing options. Individuals/Families can buy direct from guardiandirect.com or on the exchange through Covered California.

3. What have been the most recent changes in your plans?

Ohlsen, Blue Shield:

We are always looking to enhance our plans and provide valuable benefits to our members.

For IFP in 2021, we are planning to offer two new, on-exchange, family dental plans, one Dental Preferred Provider Organization (DPPO) plan and one Dental Health Maintenance Organization (DHMO) plan. The plans are currently pending regulatory approval.

For members on our Blue Shield 65 Plus plan who elect to enroll in our Optional Supplemental Dental PPO plan, the waiting period for all dental procedures has now been removed from the plan. In addition to new plan designs, all Blue Shield plans include oral cancer screening coverage as a value-added benefit, which comes at no out-of-pocket cost to the member. We also offer enhanced dental services for pregnant women with all our dental PPO plans. Pregnant women receive one additional routine adult prophylaxis, and/or one course (up to four quadrants) of periodontal scaling and root planing, and/or periodontal maintenance if warranted by a history of periodontal treatment. Treatment is payable at 100% of the allowable amount both in- and out-of-network.

Stefano, Guardian:

Guardian constantly develops new, innovative ideas in order to meet our customers' needs. We recently introduced in-network coverage of byte® at-home invisible aligner treatments to help members straighten their teeth without visiting a dental office.

Additionally, as the cost of college tuition continues to rise, Guardian helps our members and their families by offering the College Tuition Benefit®, a value-added benefit that helps them pay for college. Members enrolled in a Guardian plan, like dental, that includes the College Tuition Benefit® can earn 2,000 Tuition Reward® points annually, per product. Each tuition reward point equals $1 in tuition reduction; accumulated points can be used to pay up to one year's tuition at one of more than 400 private colleges and universities across the nation.

Finally, Guardian's Administrative Services Only (ASO) option offers the same product features, network and claims processing as fully insured. For those hesitant to move to ASO, we offer an innovative Level-Funded option that offers fixed monthly costs starting with a 105% aggregate stop loss and if claims are lower than expected, Guardian returns the entire surplus to the employer.

4. Has COVID-19 changed any of your offerings or had a substantial impact on any of your plans?

Ohlsen, Blue Shield:

Teledentistry is an added option during the COVID-19 pandemic. Teledentistry codes are included in Blue Shield dental plans, and members are able to meet virtually with a dentist to discuss issues and determine whether emergency care is needed. Customer Care has been able to assist members in finding a provider who offers teledentistry if their current provider does not offer this service. Blue Shield is allowing a $10-per-visit personal protective equipment benefit for all products, both in- and out-of-network, to support our members as they return to the dentist.

Stefano, Guardian:

We recognize the significant impact that the pandemic has had on our customers and their employees' ability to receive dental care. We introduced Guardian's Pandemic Support program to help employers manage costs and continue to provide affordable, uninterrupted access to dental

> ***Individuals and small group employers can choose from similar plans as large groups with cost-reducing options. Individuals/Families can buy direct from guardiandirect.com or on the exchange through Covered California.***
>
> ***Joe Stefano, Guardian***

care. We are offering a one-month premium credit for fully insured dental plans or an extended rate guarantee. We also made plan changes including enhancing frequency limits on dental cleanings, exams, and fluoride treatments (if applicable) to a minimum of two per calendar year beginning July 1, 2020 through December 31, 2021. Enhancements to our Dental Maximum Rollover feature include removal of the paid claim requirement in order to roll over funds for 2020, and $100 will be added to each member's Maximum Rollover Account beginning January 1, 2021.

In addition, we have provided our Employee Assistance Program (EAP), including a COVID-19 resource center, to all of our planholders and network providers to help them through the challenging time. We've extended our Teledentistry coverage and supported our network providers with financial support and self-service enhancements.

5. Can an insured use their own dentist even if they are not on your participation list?

Ohlsen, Blue Shield:

Yes, dental PPO plan members can choose to go to any dentist, although their benefits will be covered at a higher percentage when choosing a network dentist, with a lower out-of-pocket expense.

Stefano, Guardian:

Members covered under our PPO plans can visit any dentist; however, benefits may be paid at a lower coinsurance rate for non-participating dentists. Managed Dental Care/DHMO members must choose a participating primary care dentist.

6. How many provider locations do you have?

Ohlsen, Blue Shield:

Members have network access to over 21,415 dental HMO and 47,563 dental PPO providers in California, and more than 406,169 providers nationwide. These are two of the largest statewide provider networks in the industry.

Stefano, Guardian:

There are over 461,000 PPO access points across the country and more than 54,846 in California (Source: Network360). We are one of the largest PPO networks in the state based on dentists. The DentalGuard Alliance network tier, a smaller group of dentists offering greater discounts, has over 5,547 dentist access points in California (Source: Network360). For the DHMO, there are 15,794 general dentists and specialist access points in California (Source: Guardian Internal Reporting). Guardian's PPO network also includes dental offices in Mexico. International Assist, a value-added service available, provides dental members with access to dental care if needed while traveling outside of the U.S.

7. What percentage of your network is closed to new enrollment? How many offices does this represent?

Ohlsen, Blue Shield:

In 2019, approximately 8% of dental HMO plan network providers maintained closed practices; this represents approximately 213 offices out of 2,662 unique locations.

Stefano, Guardian:

In California, only 0.27% (997 dentist Locations) of our PPO network and 6.11% (516 offices) of our DHMO network are closed to new patients.

8. What is the time frame for processing a referral in terms of member notification and payment to the specialist?

Ohlsen, Blue Shield:

For PPO members, specialist referrals are not required, and payments to specialists are processed in the same manner as for general dentists. For DHMO members, preauthorizations for specialists are normally processed within five business days.

Stefano, Guardian:

Referrals are not required under our PPO plans. For our DHMO plans, payment to the specialist is within 30 days of receipt of the claim.

9. How do you handle early termination of coverage

> ***Deductibles are often waived for Preventive Services as Guardian's plans are designed to encourage members to get preventive care, thereby avoiding the need for more extensive dental care in the future.***
>
> ***Joe Stefano, Guardian***

when a member is still in the middle of orthodontic treatment?

Ohlsen, Blue Shield:

Orthodontic coverage/payments end when cancellation of coverage occurs.

Stefano, Guardian:

When an orthodontic appliance is inserted prior to the PPO member's effective date, we will cover a portion of treatment. Based on the original treatment plan, we determine the portion of charges incurred by the member prior to being covered by our plan and deduct them from the total charges. Our payment is based on the remaining charges. We limit what we consider of the proposed treatment plan to the shorter of the proposed length of treatment, or two years from the date the orthodontic treatment started. Also, we enforce the plan's orthodontic benefit maximum by reducing the total benefit that Guardian would pay by the amount paid by the prior carrier, if applicable.

If a member is undergoing orthodontic treatment and his or her Guardian coverage terminates, we prorate the benefit to cover only the period during which coverage was in force. We do not extend benefits.

Our DHMO agreement provides for the Contracted Orthodontist to complete treatment at the contracted patient charge on a number of our plans. As an additional contract rider, we can allow for supplemental transfer coverage for Orthodontia under our DHMO.

10. Does your plan have annual and lifetime maximums on dental coverage? If so, what are they?

Ohlsen, Blue Shield:

Our annual maximums vary from as little as $500 to as much as $5,000 or more, dependent upon individual or group coverage and group size. Employers have a choice in annual maximums, with more flexibility for large group customers to customize their annual maximum to meet their needs.

For large groups, we also offer our Rollover Rewards benefit feature, allowing qualified members to boost their annual maximum. The annual account reward will vary depending on the annual claims threshold, which is determined by the plan's chosen annual maximum. The annual network reward for members who visit a network dentist, rather than a non-network dentist, is $100.

Stefano, Guardian:

For PPO, the maximum refers to the total of benefit dollars actually paid for covered services incurred within the annual period, or the member's lifetime in the case of orthodontia. Guardian has flexibility with maximums. Typically, Preventive, Basic and Major have a combined maximum. We offer both an annual single maximum option (range from $500 - $5,000) and an annual split maximum option (maximums differ for in-network and out-of-network services). With the Preventive Advantage option, only Basic and Major services count toward the annual maximum. Maximum Rollover allows a portion of unused annual maximums to carry over for future years. We also offer an option to cover cleaning after the maximum is reached. For orthodontia, the lifetime maximum options range from $500-$2,500. Our DHMO plans do not include an annual maximum.

11. Does your plan have a deductible. If so, what is it?

Ohlsen, Blue Shield:

Deductibles can vary from as little as $0 to as much as $300 or more, dependent upon group size and individual or family coverage. Employers have a choice in deductibles, with more flexibility for large group customers to customize their annual deductible to meet their needs.

Stefano, Guardian:

Our PPO product offers many different deductible options ranging from $0-$300 and will vary by plan design with $50 historically being the most common. Deductibles are often waived for Preventive Services as Guardian's plans are designed to encourage members to get preventive care, there-

> ***Preventive care is covered at 100% when using a network provider. Out-of-network coverage will vary based on the plan selected, but is typically not less than 80%.***
>
> ***Craig Ohlsen, Blue Shield***

by avoiding the need for more extensive dental care in the future. All of our DHMO plan designs offered in California have no deductibles.

12. What percentage of preventive costs does your plan cover?

Ohlsen, Blue Shield:
Preventive care is covered at 100% when using a network provider. Out-of-network coverage will vary based on the plan selected, but is typically not less than 80%. Members may also be balanced billed for amounts exceeding the allowable payment to non-network providers based on their plan. For large groups, there is additional flexibility to customize the percentage of costs covered.

Stefano, Guardian:
For PPO, we offer coinsurance percentages ranging from 0%-100% for preventive services. The preventive coinsurance percent for our most common PPO plan sold is 100%. Our DHMO plans offer a wide variety of covered services usually covered at 100%.

13. What percentage of root canal costs does your plan cover?

Ohlsen, Blue Shield:
For large groups, root canals can be covered under basic or major services. Typically, basic services are covered at 80%, and major services are covered at 50%. Out-of- network coverage will vary based on the plan selected, but the most common percentage is 50%. For IFP, root canals are typically covered under major services at 50%. For small groups, root canals are typically covered under basic services at 80%.

Stefano, Guardian:
For PPO, we most often cover root canals as a basic service. We offer coinsurance percentages ranging from 0%-100% for basic services. The basic coinsurance percent for our most common PPO plan sold is 80%. Our DHMO plans cover many root canal procedures at various copayment levels based on plan type.

14. What percentage of crown costs does your plan cover?

Ohlsen, Blue Shield:
Typically, for all lines of business, crowns are considered major services and are covered at 50%.

Stefano, Guardian:
For PPO, we most often cover crowns as a major service. We offer coinsurance percentages ranging from 0%-100% for major services. The major coinsurance percent for our most common PPO plan sold is 50%. Our DHMO plans offer a wide variety of different crown option procedures covered at various copayment levels based on plan type.

15. Do you provide dentist cost and quality transparency tools?

Ohlsen, Blue Shield:
Yes. Once registered on our website, members may review their claims information and locate providers. They also have access to treatment cost information through our Treatment Cost Estimator. The Treatment Cost Estimator allows members to search for common procedures, including exams, cleanings, X-rays, fillings, and root canals. This tool is quick and easy to use, with members being able to receive an estimated cost for procedures promptly.

Stefano, Guardian:
We have a Dental Cost Estimator tool that provides an estimated range of allowable charges (fee schedule amounts) for the selected procedure codes in a selected region and provider contracted tier. Note that this is not the actual Guardian fee schedule amount for a provider nor the expected paid amount for a particular Guardian plan design. At this time, we do not offer provider quality ratings.

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DAILY MONEY MANAGERS AND PRO ORGANIZERS MIGHT HELP YOUR CLIENTS, AND YOUR SALES

BY JANET FISHMAN

When a financial advisor or insurance agent meets for the first time with a new or potential client, they are often on a fact-finding mission. Insurance agents need specific information to analyze what types of insurance the client has and doesn't have, and what their current and future insurance needs might be. The financial advisor wants to understand the investments, assets and liabilities of the client in order to construct a healthy financial plan that will grow with the client and prepare them well for retirement. Most clients don't have this information at their fingertips. To complete the evaluation, agents and advisors will give the potential client a list of required documents and details to gather for the second visit.

What happens when the client can't find the documents? Or if the client doesn't know what current policies they hold? It's not uncommon for a client to cancel the second meeting with the insurance agent or financial advisor. And, even if the agent/advisor keeps calling and following up, overwhelmed by the task list, the potential client will continually delay the meeting, and eventually the agent/advisor loses the client.

Solution: Sleuthing for the Client

Professional organizers provide the solution to this scenario. When hired to ferret out the details for a client, professional organizers can go into the home or office and dig through the many tote bags under the bed, the bins up on shelves in the closets, the storage boxes in the garage, the piles of papers on the dining table, floor and couch and the old, forgotten papers in the filing cabinets. Professional organizers spend endless hours going through these materials, tossing old papers that are no longer needed and creating organized filing systems for the papers that do need to be retained.

Some organizers are financial organizers known as Daily Money Managers or DMMs. On the client's behalf, they can also call banks, insurance companies and brokerage houses to determine which policies and accounts are still active.

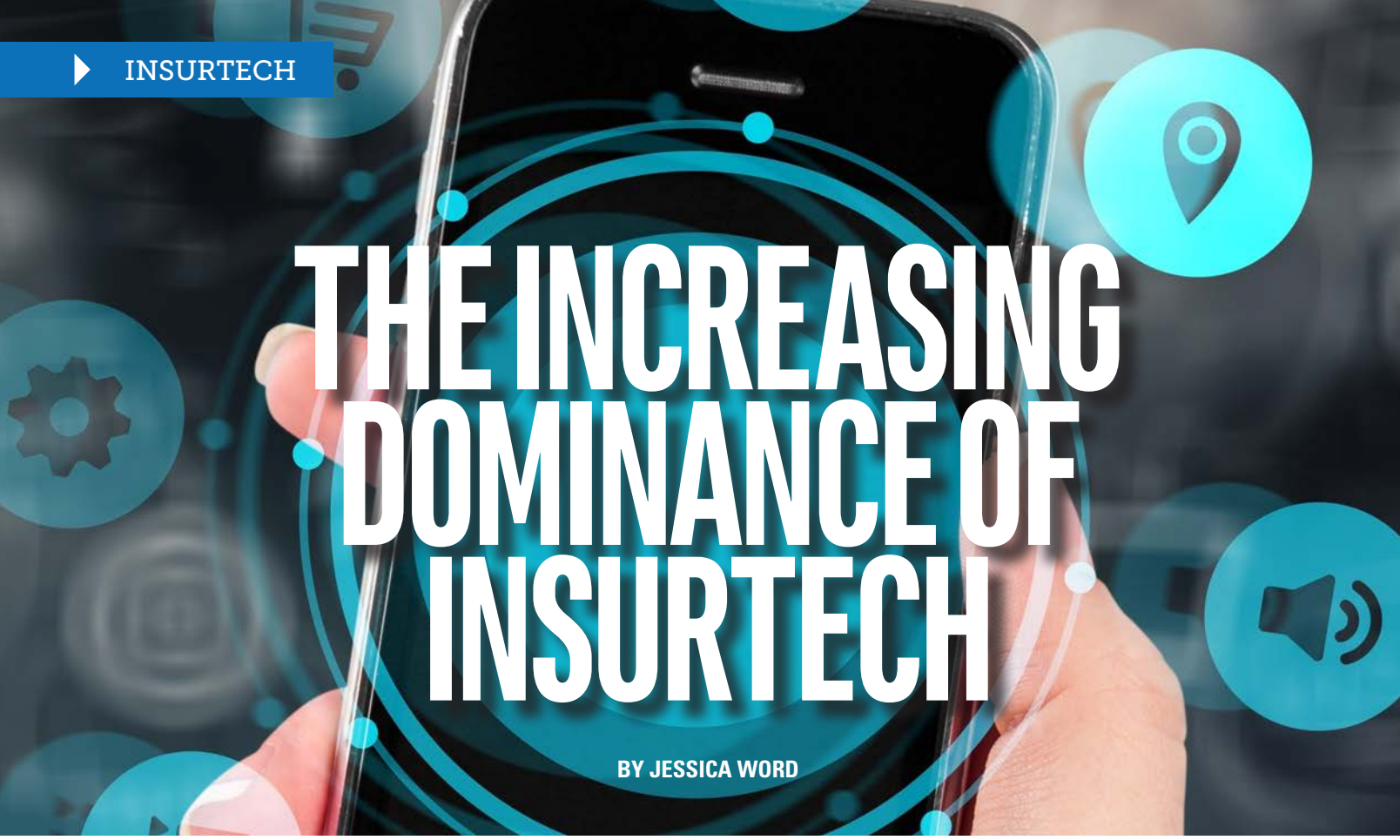
Building client relationships, one detail at a time

Once a professional organizer or DMM completes the time-consuming, tedious work of going through hundreds and sometimes thousands of pieces of paper, the client now has the necessary paperwork and knowledge to share with the insurance agent and financial advisor. This effort can save a client for the advisor/agent. Therefore, it behooves you to get to know and use professional organizers and DMMs in your neighborhood. Conversely, this connection can enable the professional organizer and DMMs to pass on to their clients names of insurance agents and financial advisors. This could lead to a symbiotic relationship that would be mutually beneficial to all.

Janet Fishman, J.D., is a professional organizer and Daily Money Manager. She is president of HOPE Organizers, Inc. in the Los Angeles area and is a member of the National Association of Productivity & Organizing Professionals (NAPO), the American Association of Daily Money Managers (AADMM), Institute for Challenging Disorganization (ICD), and Association of Personal Photo Organizers (APPO). Janet serves as executive director and organizer for NAIFA-Los Angeles and WIFS-Los Angeles. She can be reached at: www.hopeorganizers.com or janet@hopeorganizers.com.

Sleuthing Your Sleuth

When you are considering a qualified professional organizer/DMM, look for longevity in business, advanced degrees, licenses or certifications, if they carry insurance and are bonded, if they have been background checked, and if they belong to professional associations which require they follow a code of ethics.



THE INCREASING DOMINANCE OF INSURTECH

BY JESSICA WORD

The first half of 2020 has been anything but business as usual. While many companies have embraced remote working policies, one thing has become clear: Insurtech (use of technology to increase efficiency in the insurance industry) is poised to continue to influence how the health insurance industry operates.

For years, health insurance was a paper-dominated industry, where carriers and brokers alike were mailed benefit plan designs—and enrollment forms had to be completed by hand. Quoting could take days to complete. Today, the insurance marketplace is much more efficient and it relies more than ever before on technology.

In fact, according to PwC.com, our industry is currently in the middle of the Fourth Industrial Revolution, ushering in an increasingly connected business world. It has experienced more rapid technological evolution in the last decade than it did in the 50 years since the industry first began to use mainframe computers.

One key element of insurtech is the ability to leverage data from multiple sources, such as smartphones and computers, streamlining routine processes. This innovation has allowed brokers to increase steadily the use of technology to create efficiencies and lower costs through automation.

Using insurtech, insurance professionals can start a quote and put together a complete proposal more quickly than in the past. It is now easier to make adjustments based on a business' specific budget and employees' individual health care needs, while also enabling employers to respond better to changing regulations, employee status updates, and more. The result: greater efficiency and better customer service. With limits on in-person meetings due to COVID-19, some brokers have met with prospects and clients online via Skype or Zoom to review and discuss their quotes and coverage proposals.

Here are the top three insurtech solutions that offer a myriad of benefits to brokers and their clients:

• Speedy access to information: Consumers expect a certain level of speed when it comes to accessing data. Business owners have the same expectation, specifically when it comes to comparing benefit plan options while also managing employee benefits and employer monthly contributions for each employee's coverage. Quoting technology continues to evolve—for brokers, general agents, and carriers. Due to these expectations and demands, brokers, now more than ever, must be able to obtain quotes at an increasingly rapid pace. It is not speed alone that determines success, but quality and accuracy as well. Some quote engines allow producers to present product combinations that cannot pass Underwriting. In the rush to quote delivery, this often results in significant errors that are not caught prior to employees making plan selections. Errors are costly in time and re-education, and can result in the loss of a sale altogether. Some quoting platforms include highlighted plan differences to make plan comparisons easier. And others include integrated provider search technology to ensure clients are quoted plans that only include the providers they are seeking in the health plans they are considering. That gives brokers the ability to quickly put together the best package

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* Savings based on lower premiums for UnitedHealthcare SignatureValue Harmony compared to other similar UnitedHealthcare HMO plans as of April, 2020. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your broker or UnitedHealthcare sales representative.

UnitedHealthcare SignatureValue Harmony is available in Los Angeles, Orange, San Bernardino, Riverside and San Diego counties.

Health plan coverage provided by or through UnitedHealthcare Insurance Company, UHC of California and UnitedHealthcare Benefits Plan of California. Administrative services provided by United Healthcare Services, Inc., OptumRx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC).

United Healthcare®

> ***Insurtech will continue to influence the further evolution of the health insurance industry. It is ushering in an era of improved service—providing greater value to insurers and their customers.***

and proactively make prospects and customers aware of any deficits they could experience.

Online enrollment (OLE), human resource information systems (HRIS), and benefits management tools are also attracting increased attention from groups of all sizes. Brokers and their customers can choose tools from carriers, administrators, general agents, and third parties (like Ease, Rippling, Employee Navigator, GoCo, Insynctive, and others). Employers and members appreciate the many benefits of OLE, such as streamlined information distribution and integration of HRIS to help employee onboarding run more efficiently. Benefits management tools also help employers stay on top of changing rules and regulations, track variable hour employees, calculate full-time equivalent employees, and determine Applicable Large Employer (ALE) status.

It is in a broker's best interest to keep an eye on new and emerging technologies that simplify health plan shopping and make benefits management easier for business owners and managers. This reinforces a broker's value as a business partner and insurance adviser to employers.

• Another layer of checks and balances: New legislation and regulations at the state and federal level can affect the underwriting process, along with how brokers quote and sell health insurance to their book of clients. For even the most well-informed broker, these evolving adjustments can be tricky to monitor. Automated online management tools can quickly alert a broker if a required authorization is missing, or issue a prompt if a specific regulation might have been accidentally overlooked. Carriers, administrators, and general agents are always looking at ways to improve their systems and implement changes to enhance the process for brokers and their customers. Insurance professionals who embrace these updated, automation tools set themselves up for success by providing clients with the assurance that their plans are fully compliant with federal and state rules.

• Organization of employee statuses: By law, employers offering health insurance must extend coverage to former employees and dependents following the loss of that coverage for up to 18 months. However, federal COBRA and Cal-COBRA requirements can sometimes be difficult to follow, and compliance errors can cost clients big money in statutory fines, excise tax penalties, civil lawsuits, regulatory audits, and more. For example, the Department of Labor (DOL) published its inflation-adjusted fines in January. The fines for failure or refusal to file an annual report (Form 5500) are up to $2,233 per day. And the maximum penalty for failing to provide a Summary of Benefits and Coverage (SBC) has increased $1,176 per failure. Lawsuits and audits can drive costs even higher.

Failing to help clients avoid DOL and other penalties can also cost a broker—in loss of reputation, lost business, and higher professional liability expenses. Insurtech innovations can help brokers work with their clients to maintain accurate employee counts, generate reminders to alert parties of qualifying events such as employee terminations, and help a broker and his or her clients' businesses stay organized. Benefits professionals who are able to leverage this technology become long-term and valuable partners to their business clients.

Insurtech will continue to influence the further evolution of the health insurance industry. It is ushering in an era of improved service—providing greater value to insurers and their customers. It is important that brokers stay apprised of new and innovative technologies to help them more quickly and efficiently serve their clients. Nevertheless, one thing is certain: brokers will not be replaced by technology anytime soon. Business owners and their employees will continue to find value in high-touch customer service.

Jessica Word is president of Word & Brown General Agency. Established in 1985 and headquartered in Orange, Calif., Word & Brown is one the state's largest general agents. For additional information, visit www.wordandbrown.com.

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CREATING A COMPREHENSIVE BENEFITS PACKAGE FOR THE PANDEMIC WITH DISABILITY AND BEHAVIORAL HEALTH PLANS

BY GREG POULAKOS AND MINDY LEGERE

Enduring the COVID-19 pandemic has been financially and emotionally trying for today's workforce. Not only are they concerned about their physical health during this time, but the isolation, loss and uncertainty that has accompanied this pandemic has had a major and lasting impact on Americans' mental health. Further, stay-at-home orders have made it difficult for many to access the resources and treatment necessary to cope.

The coronavirus pandemic has further highlighted a mental health crisis in America, and it's imperative that employers play their part in helping combat it. While warnings of a second wave persist, now more than ever, it's important that employers understand and provide solutions that support their employees' mental health. For many, the solution lies in places that may not necessarily be top of mind: ensuring disability and behavioral health benefits packages are available to provide the extra support and resources their employees need right now. Disability benefits are known for their coverage of physical disabilities by offering income replacement in the event of an unexpected injury or illness, but few employers and employees realize that they also include a variety of mental health and wellness services.

Employees are struggling with the pandemic

Mental health was already a huge cause for concern before the pandemic, with one in five U.S. adults experiencing mental illness each year. A Kaiser Family Foundation poll suggests that the pandemic is likely to have both long- and short-term implications for mental health and substance use, and that both those with pre-existing issues and those who are newly afflicted will likely require mental health and substance use services. For example, the federal emergency hotline for people in emotional distress, which is run by the Substance Abuse and Mental Health Services Administration, received texts from about 20,000 people in need throughout April—a more than 1,000% increase over the same time last year. Despite the clear need for abundant and

The coronavirus pandemic has further highlighted a mental health crisis in America, and it's imperative that employers play their part in helping combat it.

easily accessible behavioral health resources, there remain a number of barriers keeping these individuals from receiving the help they need.

Employers' role in the mental health crisis

With nearly half of Americans relying on their employers for health insurance, it's important that employers offer comprehensive disability insurance packages that include behavioral health benefits to provide full coverage for the potential mental and physical implications of this pandemic. It's also important for employers to acknowledge that poor mental health can pose a danger to employees' physical health, especially during the current pandemic.

Employee mental health should always be top of mind for employers, as it can have crippling effects on employees' whole health, presenteeism and absenteeism. According to the World Health Organization, depression is one of the leading causes of disability worldwide and costs the global economy $1 trillion per year in lost productivity. Despite these startling figures, mental health stigma is still a major challenge in the workplace. This can lead to a deficiency in resources provided by employers to help those who may be struggling. Mental health benefits offer a means for intervention before it becomes a larger issue that can potentially put them out of work.

To prevent or treat serious behavioral health issues, employers can ensure disability plans address these needs by offering access to mental health professionals and additional wellness tools, and they can make sure employees are aware of these resources and how to access them. Not only will this help decrease the long-term effects of the pandemic-induced mental health crisis on the U.S. workforce and economy but offering robust plans will help attract and retain top talent by providing confidence that all their health needs are covered.

Choosing a comprehensive disability benefits package

When choosing a package to best meet employees' needs, it's important to double check that the insurance provider is adjusting benefits packages to address the unique behavioral health challenges associated with the coronavirus pandemic and are making important resources and tools readily available to participants without a claim in hand. A comprehensive disability benefits plan will provide a variety of services to help employees develop coping skills for stress, depression or anxiety, and protect them legally and financially as the pandemic is driving an increase in fraud and identity theft.

Some plans offer member assistance programs featuring a wide range of services valuable to members at no additional cost. These can often be used at any time, and their use does not have to be related to actual disability claims. One component of these programs is focused on counseling and consultations, which provides 24/7 telehealth access to a licensed counselor via phone or video when a member needs help with crisis intervention, stress management or even financial/legal consultations. In-person counseling may also be available when facilities reopen, and the insurer may offer assistance in reviewing a therapist's background and qualifications to help choose one that's right for the patient.

Another component of these programs is online services and tools to provide some peace of mind during these uncertain times. Resources to look for include COVID-19 webinars, identity theft services, debt and credit management, investment planning

A comprehensive disability benefits plan will provide a variety of services to help employees develop coping skills for stress, depression or anxiety...

and a state-specific estate planning tool. This can include support for drafting a will, health care directives, durable power of attorney for finances and other helpful documents.

Offering a comprehensive disability package provides an advanced level of care, including early detection and outreach, to help any members who may be struggling. This opportunity for proactive outreach has major benefits for both employees and employers. Employees are able to get the help they need as soon they begin feeling off, which significantly decreases or prevents disability claims, and in turn saves employers money on health care costs.

A win-win for all involved

Employees are a company's most valuable asset. So it's of the utmost importance to ensure they remain mentally and physically healthy with the resources and tools necessary to navigate the deeply personal challenges the coronavirus pandemic has thrown at them.

Given the profound impact of mental health on an employee's absenteeism, presenteeism and overall productivity, offering disability benefits that make financial, medical, and behavioral health support more readily accessible will dramatically increase the opportunity for employees to receive preventative care and in turn, decrease the number of avoidable disability claims. This will not only keep employees healthier in the long term but will boost employers' bottom line by reducing costs related to health care, absenteeism and lost productivity.

Greg Poulakos is president of Disability, Absence, Life and Supplemental Health, Anthem Blue Cross. Mindy Legere is staff VP, Behavioral Health, Clinical & Specialty Programs, Anthem Blue Cross.

DI CLAIMS IN THE CORONAVIRUS ENVIRONMENT

BY ART FRIES

The coronavirus has not only presented a problem for claimants but also for insurance company claim departments. There are some "gray" areas that are creating issues that will create further need for claimants to get proper advice as it relates to a disability claim. This article will discuss these issues, some of which have not been answerable as of the current date, and some tips provided on what a claimant can do to enable them to present themselves in a better fashion to the insurance company claim department.

Partial (residual) claims are computed by comparing pre-disability earnings to post-disability earnings. Some companies go back 12 months, some the same and consider two out of the prior three consecutive tax years and some two consecutive out of the prior five tax years. Usually when a professional such as a dentist reduces their hours or eliminates one or more duties, the gross collected fees are reduced and earnings are reduced. And, you must have medical issues that affect your ability to practice. With the coronavirus, dental offices have been closed for routine patient work and only available for emergencies. So these offices are running in the "red" and not making money. When you apply the "residual" formula, you will typically see a loss of earnings of more than 75% or 80%, which should enable the claimant to collect 100% of the monthly benefit. But the reduction in earnings was not related to the medical issues but to a state mandate that says you can only service emergency patients. So that poses a dilemma for both the insurance company and the claimant. What is fair? Should the insurance company pay an "average each month" as to what they think the claim is worth? Should they pay 100%? Should they pay nothing? There was a period of time when I had not seen the answer to these issues and I felt you would probably find different thinking from the different claim departments. I'm now starting to see some answers and it seems like some claim departments are using an average monthly figure for now and looking at some recent monthly figures prior to offices "closing."

Timing: When should a total disability begin?

If a claim is submitted during this coronavirus period, might the claim department say the claim is related to the dental office not making any earned income? Why didn't the claimant claim total disability before the virus? These and other questions are being faced by claim departments and currently there are no clear-cut answers. More recently, I'm seeing some claim handlers trying to blame the entire claim on the coronavirus with the purpose of getting out of paying a legitimate claim. MY OPINION: (Here's the freebie). In this particular scenario involving a dentist, it is best to wait until they are able to get the office running again whereby they can build up their accounts receivables and get their patient load up. Also they will have been home

I'm seeing some claim handlers trying to blame the entire claim on the coronavirus with the purpose of getting out of paying a legitimate claim.

a lot whereby their medical issues may have reduced as a result of them not working or working in minimal fashion. Once they go back to work…whereby they were previously planning to go on total disability, they will see how they are feeling and if going back to their normal "grind" has activated the medical issues, they will "really get it." Whereas before they may have been in denial, the limited hours that resulted from not working a full load will be a cleaner indication that the medical issues were real and they can now accept this as reality. This certainly will look better from a claim standpoint and not have the insurance company claim department question acutely the reason they are claiming total disability.

Insurance companies will be looking more closely at all claims coming in during and after the coronavirus has peaked, since some individuals (even professionals) will have had some further insight into their new lifestyle where they were able to spend more time with their family and feel less stressed. They may come to appreciate a way of life that was not even in their thought process prior to the virus. So those professionals who might have previously thought they need to be a basket case in terms of medical issues to go on disability may have a different outlook now. They may decide they will no longer work in pain and they may stop working earlier than they had anticipated. Presenting the claim to the insurance company will require a great deal of expertise and clarity on the part of the claimant.

These are very trying times for potential claimants as well as insurance company claim departments. Many claim department individuals are working from home and it is taking longer for them to respond to claimants. Also what was considered routine in the way of field visits to claimants as well as examination of claimants (I.M.E.) or "testing" of claimants (where permitted) in the way of an F.C.E. (Functional Capacity Evaluation) have been put on hold because of the virus and just those areas alone are causing a delay in claim departments approving or denying claims. I am seeing some companies paying 50% of the benefits on a total claim which initially they believe is supportable but are not making a final decision until they can secure more objective evidence.

Indeed, the "system" is being stressed on both ends. Eventually, however, this will come to pass. In the meantime, if one is thinking about going on either a partial or total disability claim advice should be sought from those who specialize in this area. It is difficult enough to handle a disability claim by oneself but now with the added issue of the coronavirus…advice becomes paramount to the success or failure of a disability claim.

Art Fries is a disability claim consultant providing advice on a national basis in the U.S. He is located in Nipomo, California. He can be reached at 800-567-1911 or friesart@hotmail.com. The web address is www.afries.com.

How Women Rise: Part 3

Nurturing Career Building Alliances

BY CERRINA JENSEN WITH AMY EVANS, LISA HUTCHERSON AND EMMA FOX

This is the third installment of a multi-part series which features a question based on the book "How Women Rise," by Marshall Goldsmith and Sally Helgesen. Responses are from some of the speakers slated to present at the 2nd CAHU Women's Leadership Summit (WLS). WLS is now rescheduled for next spring due to global disruptions caused by COVID-19.

To recap what we shared in our previous installments, while this series focuses on female leadership and the 12 habits covered in the book that can hamper success, it's meant to shed light on these issues for not just women but the men we work, live and play alongside.

This month's question drew answers from Lisa Hutcherson, Emma Fox, and Amy Evans (who also penned the question itself): "Women are excellent at building relationships, but they usually aren't as skilled as men at leveraging those relationships and building alliances that will move them forward in their careers. Are you comfortable intentionally engaging others to help you achieve your career goals? If not, what's been your resistance?"

AMY: "It took me a long time to realize that building relationships wasn't enough to move my career forward. Like many women, I learned to build relationships based on their intrinsic value—how they make me feel, how much we understand and support each other. It has taken me longer to learn to build relationships that are based on their extrinsic value—what we can actually do for each other. Part of that requires me embracing the idea that I have something valuable to bring to the relationship—sometimes immediately, sometimes in the future. When I learned to embrace that, I felt more confident forming mutually beneficial alliances that could help me move my career forward."

EMMA: "Only recently, and only because I've realized I can work smarter; not harder. Women have a foundationally false programming that has long told them that they need to work a lot harder in order to compete with men in their field because the truth is that men do leverage personal relationships within business settings more than women do. Perhaps it's that we have been more cognizant of appearing absolutely professional in all scenarios because we fear not being taken seriously against our male counterparts, or worse, an ask for a referral may be taken as innuendo…but we can drop this façade now. Some of the brightest and most influential leaders in our space are women who have been championed by their peers. I'd be willing to bet those most successful stopped worrying about presenting a false perception and instead embraced presenting themselves (and their talents) authentically. I have learned that I can get a lot farther when I offer an exchange of value with someone who can contribute to my path, and so can they."

LISA: "For many years I tried to find a way to intentionally engage others. I wanted them to assist me in moving forward in the industry or company. One day it finally happened! And it was through an unexpected encounter with one of my male colleagues. Though we came from very different cultural and career experiences, he taught me something that has forever changed the way I build relationships.

Lesson: Find something that interests you and the people you are wanting to engage with that exists outside of the office.

Organic connections can happen in business away from the workplace. They happened when I engaged at a personal level that also allowed me to showcase my business acumen. I did so with intentionality and an authentic touch, and that helped me write my name all over it. These conversations presented themselves in a variety of ways:

- During business conferences where I was able to speak as an industry expert.
- Health underwriting functions where connections could

happen inside and outside of my organization.

• VIP wine tasting events that I hosted with key business partners. Engagement was more leisurely or casual but key to business relations and personal bridge building.

Simply put, I found my own unique language and way of connecting with others. As a result, many of my career goals have been achieved. More importantly the long term and lasting relationships continue paving a road of connections that's no longer straight, but has many different paths that venture out into a multitude of opportunities."

CERRINA: I couldn't agree more with these women, and appreciate and applaud their candid and transparent insights. My resistance to leveraging relationships and building alliances has been somewhat textbook, in that I never wanted to come off as opportunistic or intrusive by taking advantage of a relationship. But when I was taught years ago that our business is driven by a moral obligation to educate and equip our current and potential clients, that helped empower me with a different perspective. When your foundational premise is to genuinely help those you serve, suddenly it's not so self-serving to utilize any leverage available, including a connection that may be of use in those pursuits.

Cerrina Jensen is an AVP in the Benefits Division of CoreMark Insurance, and the founder of Stellar Stories, a startup communications and leadership development firm.

Amy Evans is the president of Colibri Insurance Services, a boutique insurance agency that simplifies employee benefits for employers in Southern California. She's also the founder of AlignWomen, a leadership and networking organization for professional women.

Lisa Hutcherson is the West Territory Enrollment manager for Aflac and the founder of Darlis LLC, a company specializing in training leaders in both business and ministry. She is also a certified John Maxwell trainer, business coach, public speaker, poet and author.

Emma Fox is the chief operating officer at E Powered Benefits and CEO of sister firm, Signal Health Consulting. In 2018 Emma founded the Empowered Leadership Community for rising leaders in our industry.

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